

**BLOOD BANK SPECIAL STUDIES**

NAME: \_\_\_\_\_ MR: \_\_\_\_\_ MBB: \_\_\_\_\_  
LAST FIRST MIDDLE

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ SSN: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ ABORH: \_\_\_\_\_

Panel #	Method/Phase	Phenotype	Panel #	Cell #	Method/Phase	Interpretation & Other Studies
1						Acc.#: _____
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
Patient						
Tech ID						
Gel AB Scrm/ Visual / Phenotype		Tube Screen Phenotype	Tube AB Screen LISS 37 AHG		IS	DAT IS 5'
ABSC 1						Poly: _____
ABSC 2						C3b: _____
ABSC 3						IgG: _____
Lot #:						Reviewed by/Date: _____
Tech ID						<input type="checkbox"/> Antigens Billed <input type="checkbox"/> Pt. Antigen typed <input type="checkbox"/> DAT performed <input type="checkbox"/> AB card sent home

M-2346 (10.21)

McLaren-Flint Flint, Michigan

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